



## FALSE MEMORY SYNDROME FOUNDATION NEWSLETTER

MAY/JUNE 2000 Vol. 9 NO. 3

Dear Friends,

The person who taped the sessions for the April 2000 *Memory and Reality* conference made an interesting comment. He noted that it was the most professionally run conference he had ever taped, and, he added, it was also the most emotional.

Both of the conferences—the professional one sponsored by the New York Medical College with the support of Eleanor and Elliot Goldstein and the cooperation of the FMSF, and the FMSF Family Conference—were excellent. The professional conference was summarized in an article by Jane Brody in the April 25, 2000 *New York Times*.<sup>[1]</sup> Details of the *Memory and Reality Conference: Return to Reason* can be found in this newsletter on page 9.

The Family Conference began on a sunny spring day with blossoming cherry trees and smiling daffodils around the attractive Westchester environs. But on Sunday morning, a blustery snow storm brought a strong reminder of winter's power. Unfortunately, many participants had a difficult time getting home because of cancelled flights. Yet, by Sunday afternoon, the sun and spring again held sway.

Opinion about whether we had, in fact, *Returned to Reason*, was reminiscent of the weather: it varied. Some participants suggested that we were well on that road to reason, but others claimed that we had just found the signpost to the road. In the culture surrounding the recovered memory controversy, there are many signs that reason is returning, but there are also many signs that the problems it has engendered are still raging and that a craze could again quickly explode.

In the FMSF Newsletters, the seeming divergent signs are evident. In this issue, for example, we have news that the license agencies in Pennsylvania have permanently removed the licenses of the women who headed the Genesis group—this after it was discovered that they had continued to practice during the time their licenses had been suspended. We read that the American Psychiatric Association and the Illinois Psychiatric Association have expelled Bennett Braun, M.D. as a result of an ethics complaint filed by Patricia Burgus. We read that in Wenatchee, more people

have been released from prison and that the people and organizations who harmed them are being held accountable for their actions. There is news about a balanced television documentary on MPD and new research about retractors.

But there is sobering news: a continuing education program claiming that memories are stored in the body; a lawsuit brought because a woman who had gone to therapy for marital problems said she was told by the therapist that her problems were due to fondling by an elementary school teacher; Sybil still being taught in some high school health programs; *The Courage to Heal* still being used by some therapists; a decision by the Supreme Court of Arizona allowing "repressed memories" into evidence.

It is interesting that there seems to be increased public attention given to recovered-memory reports involving professionals. The Arizona case involves a pediatrician. Others involve dentists, doctors, clergy, teachers and often therapists. If courts move to admit "recovered repressed memories" as evidence, then any person who has ever been alone with any child or adult during his or her professional lifetime may be subject to having to defend him or herself against decades-old charges. Given new scientific understandings about the nature of memory, people do have the tools to defend themselves. But at what cost? An article in *USA Today* on March 21, 2000<sup>[2]</sup> noted that false accusations against teachers are soaring, but the teachers' reputations are ruined even though accusations are false.

It is encouraging to learn that Dr. Braun, who was one of the founders of the International Society for the Study of

### In this Issue...

Feld.....	3
Legal Corner.....	6
Conference Highlights.....	9
Harris Morfit.....	12
Begert.....	14
From Our Readers.....	15
Bulletin Board.....	18

The next issue will be combined July/August

Multiple Personality and Dissociation (ISSMP&D) in 1984 (now called the International Society for the Study of Dissociation or ISSD) and who was responsible for organizing the conferences that were likely major channels of transmitting beliefs about MPD and SRA to the therapeutic community, has been discredited by the APA. Yet members of the ISSD, who were privy to Braun's beliefs and practices, have not taken similar public action. It is discouraging to learn that the DSM-IV Text Revision Advisory Committee working on material related to dissociative disorders retains the same people who dominated this area in the past and who are former presidents or leaders of the ISSD.<sup>[3]</sup>

In a front page story, *The New York Times* recently described America's mental health system as "tattered."<sup>[4]</sup> Much of the confusion over where we are on the road to a return to reason is due to the fact that there is no coherent "system," no overall direction, no general standards to which practitioners must train or be held accountable, no action in place to see that mental health practice is evidence based, no one in charge. The public is faced with multi-layered fiefdoms in which, tragically, interest appears greater in protecting turf than in protecting the public.

Where we are on the return to reason depends on what place in the overall "system" one looks.

*Pamela*

1. Brody, J. "Memories of Things That Never Were," *New York Times*, 4/25/00, p. F8.
2. Bowles, S., "False Accusations Against Teachers Soar," *USA Today*, 3/21/00.
3. Included in the DSM-IV Revision Advisory Committee for "Adjustment, Dissociative, Factitious, Impulse-Control, and Somatoform Disorders and Psychological Factors Affecting Medical Conditions are: Elizabeth S. Bowman, M.D., Philip M. Coons, M.D., Richard Kluft, M.D., Frank Putnam, M.D., Colin Ross, M.D., Marlene Steinberg, M.D.
4. Goodman and Glaberson, "The well-marked roads to homicidal rage," *New York Times*, 4/10/00, page 1



"[F]ollowing the hearing held on June 15, 1999, the decision of the hearing panel regarding the charges against Dr. Bennett Braun was reviewed by the Illinois Psychiatric Society Ethics Committee and Executive Council and by the American Psychiatric Association Ethics Committee and Board of Trustees. Dr. Braun has been expelled from the Illinois Psychiatric Society and the American Psychiatric Association." (4/7/00)

#### special thanks

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter. *Editorial Support:* Toby Feld, Allen Feld, Janet Fetkewicz, Howard Fishman, Peter Freyd. *Columnists:* August Piper, Jr. and Members of the FMSF Scientific Advisory Board. *Letters and information:* Our Readers.

#### Retractors' Experiences:

#### A Comparison of Social Pressure and Time Course in the Recovery and Retraction of Abuse Memories

James Ost, Alan Costall & Ray Bull

See April, 2000 Newsletter of the British False Memory Society,  
Available at [www.bfms.org.uk](http://www.bfms.org.uk)

Claims have been made that retractors are individuals who are being swayed first one way (to believe they were sexually abused as children) and then the other (that they were not sexually abused as children) and that the pressure to retract is equal to or greater than the pressure to recover abuse memories. (e.g. Jerome Singer, 1997; S.L. Reviere, 1997)

As part of an ongoing research project, the authors surveyed 20 retractors on this issue. Eighty-four percent of the retractors reported experiencing pressure to recover memories. Eighty-four percent also said that they experienced no pressure to retract.

Recovering abuse memories was reported to have been relatively quick with a mean time of six weeks. Retraction appears to have been a relatively slow process of realisation with a mean time of four years.

The authors write that "Retractors, according to our evidence, should not be characterized as people 'most vulnerable to changing [their] beliefs when the winds of social influence blow in a different direction' (D. Hammond, 1995, p. 112). Unsubstantiated claims about the unreliability of retractor's accounts remain, as the very least, 'not proven'."

Singer, J. (1997) "How recovered memory debates reduce the richness of human identity. *Psychological Inquiry*, 8, 325-329.

REviere, S.L. (1997) "Reflections on false memories, psychotherapy, and the question of 'truth,' *Psychological Inquiry*, 8, 317-321.

"After years in which scores of innocent lives were destroyed by such accusations, the child sex abuse charge may be losing some of its sacrosanct status—the sort that ensured that any charge would be believed and acted on, and never mind any question. If so, this society and its justice system may be at last on the route to recovery from one of the most terrifying spasms of irrationality to have afflicted us in a long while. Like so many such dark eruptions, this one was advanced in the interests of goodness and high principle—that of saving children from predators. Like so many high principles in the hands of the most fanatical of our progressive social elements—the kind that assured juries that children never lie about abuse, for instance—this one ended up inflicting only tragedy."

"New Day for the Accused," *Wall Street Journal*  
Editorial, March 24, 2000

## News From The Netherlands

Eric Bakker

The National Ombudsman for the Netherlands has urged the Ministry of Health to investigate incest memory retrieval therapies. His statement came in response to a complaint brought to him by the Work Group Fictive Memories, formed in 1994 by parents who maintain they were falsely accused by their adult offspring after exposure to such therapies. Although the Netherlands Ministry of Justice took action in 1996 by commissioning the Netherlands Institute for the Study of Criminality and Law Enforcement at Leiden University[1], neither the Netherlands Psychiatric Association nor the Netherlands Psychological Institute has produced guidelines requested by the Ministry in 1998 because of internal divisions within the organizations. The ministry then asked a Netherlands healthcare research group (ZorgOnderzoek Nederland) to finance an investigation on the matter.

The Ombudsman, who in the meantime had started his own investigations because the ministry had left it too long to the professional bodies, has concluded that the government has a primary constitutional responsibility in the area of health care. The Ombudsman found that because of the inability of the professions to self-regulate, the government should have acted. The Ombudsman has recommended a plan of action forcing psychiatrists to speak out on the reliability of the therapies in question and to see, on the basis of the results of the investigation if help is needed for persons who during therapy have come to believe that they were abused when they had not been.

1. Report available from Recovered Crimes: Sexual Abuse Reported to the Police after Therapy - Advice to the Minister of Justice, NISCALE Technical Report Series, ISSN 1387 5523. Order from NSCR@nisc.leidenuniv.nl



## 1998 National Child Abuse and Neglect Statistics

Michael Kharfen

U.S. Department of Health and Human  
Services 202-401-9215

April 10, 2000 (12.04) U.S. Newswire

In 1998 the national child abuse and neglect statistics reported by states continue to decline. It is the fifth year of decline. The incidence rate of children victimized by maltreatment declined to 12.9 per 1,000 children—the lowest record in more than 10 years.

2,806,000 referrals of possible maltreatment. 66 percent were investigated (1,851,960).

903,000 children determined to be victims of maltreatment.

Of these:

54 percent suffered neglect

23 percent suffered physical abuse

12 percent were sexually abused.



## Perspectives on Informed Consent

Allen Feld (Part 1)

No doubt many readers are aware of the disagreement about informed consent between some therapists and others—mostly non-therapists (FMSF members and supporters) along with a number of concerned mental health professionals. Some individuals in the latter group have proposed that states pass laws requiring informed consent for people seeking help from therapists.

Many proponents of the legislation are reacting to what they understand happened in therapy to some clients. Clients who sought therapy for contemporary issues of living, or for specific psychological, behavioral or emotional symptoms did not have those problems addressed but instead were led to delve into their pasts, leading to the creation of false memories.

Proponents for legislation argue that informed consent is necessary because some therapists ignore the rea-

sons a client seeks help and instead emphasize what they (therapists) think is important.

They note that significant harm has been done to clients and their families when clients were unsuspecting of this dramatic shift in therapy. The group in favor of legislation maintains that clients were provided neither the opportunity nor the information to agree to the type of therapy to which they were exposed. Some also argue convincingly that informed consent is a *necessary* and *desirable* component of appropriate therapy. I agree with this group's thinking.

Some therapists have vigorously attacked this group and the informed consent proposal. Their counter-arguments often seem wedded to the therapists' power and authority in therapeutic relationships and to what some of these therapists may refer to as the "art" of therapy.

It is interesting to note that although informed consent is now widely accepted in medicine, many of those who attack the proposed legislation are MDs. I wonder if the people who believe that informed consent legislation is misguided also advocate "parity" (legislation that mandates insurance coverage for psychological services be similar in scope to insurance payments for medical service)? I

## CONFERENCE TAPES AVAILABLE IN JUNE

**A set of 5 audio tapes of many conference sessions will soon be available. Unfortunately, due to technical difficulties, the Retractor Panel and Ralph Slovenko's talk were not taped.**

**The cost of tapes including shipping and handling is:**

**Members: \$15.00**

**Non-members: \$25.00**

**To order, send request and check to FMSF office. NB Credit cards accepted only for orders of \$25.**

believe that to be inconsistent. That is saying "We want to be like medicine in getting payments but we don't want to be like medicine in providing informed consent."

With informed consent, a client gives a therapist permission to implement a specifically defined service to deal with the reason(s) a client chose (or was required) to seek therapy. It also commits the therapist to working on those areas for which the client has given her/his permission. Implicit in informed consent is the assumption that the client has received accurate and creditable information on which to base a reasonably educated decision as to whether to proceed with the service being recommended or offered by a particular therapist.

I believe that informed consent is a process that requires discussion, thought, and a decision by both client and therapist. The *process* is the essential ingredient of meaningful informed consent. I view the process as interactive. The process can be a genuine offer to help, as well as an opportunity for the client to experience the therapist's approach to helping. A written statement, one that is a joint effort and not merely proffered by the therapist, culminates the process.

Informed consent should not be viewed as a bureaucratic requirement. If it descends to that level, it may lack some of the positive aspects that lead me to value the process. The next *Newsletter* will describe some of what may be desirable to consider in such a process and statement.

*Part 2 will appear in the Jul/Aug issue.*

*Allen Feld is Director of Continuing Education for the FMS Foundation. He has retired from the faculty of the School of Social Work at Marywood University in Pennsylvania.* □

"Who needs parents when unconditional love is available from a therapist and support group as long as third-party insurance holds out?"

From letter, *Wall Street Journal*, 4/7/00

## CONTINUING EDUCATION WATCH Search for Traumatic Memories Still On!

The 2nd annual "Anger and Rage Conference" sponsored by Health Communications, the organization that published John Bradshaw and that is an American Psychological Association approved CEU provider, will be held in Washington DC in May. Among the sessions is: "Trauma and Addiction: Breaking the Cycle of Self-Medicating Emotional and Psychological Pain," offered by Tian Dayton, Ph.D., TEP. The description of this session:

"Trauma memories are stored in both the body and what is sometimes referred to as the old brain. Because they may bypass the cortex on their way to memory storage, they can be difficult to recall in traditional forms of talk therapy. Psychodrama with its physical involvement through role play, is an ideal method for accessing traumatic memory and attaching movement and language to unformulated experience. This workshop focuses on the Trauma Time Line and the Trauma Resolution Model for Creative Arts Therapies."

\*\*\*

The California Institute for Integral Studies, Mandatory Continuing Education, Spring 2000 offers "Using Astrology to Understand Relationship Patterns and Complexes," taught by Glenn Perry, Ph.D. and Jennifer Freed, M.A. Credit approval from the California Psychological Association is pending. Description:

"Astrology offers a refreshing, more spacious understanding of the diverse possibilities for healthy relationships. A natal chart reveals the 'love map' that is unique to the individual. Drawing from astrology's rich, mythic language, we will deconstruct some paralyzing assumptions about 'normal' relationships while illuminating authentic relationship paths and their glorious permutations."

\*\*\*

The "International Energy Psychology Conference," to be held during May 2000 in Las Vegas, is described as being at the "Confluence of psychology, physics and spirituality." The following techniques or therapies are mentioned: •Emotional Freedom Technique •Healing from the body level up •Thought field therapy •Matrix work •Holographic repatterning •Integration of energy psychology with EMDR, •NLP and hypnotherapy •Resonance tuning •Palm therapy •Tapas acupressure technique •Therapeutic touch.



## MPD Documentary

On April 18, 2000, The Learning Channel presented a documentary entitled "The Multiple Personality Puzzle." Produced by Alexandra Middendorf, the presentation of both sides of the debate gave it great credibility. Leading proponents of the MPD diagnosis such as Colin Ross, M.D., Leah Dickson, M.D., Richard Kluft, M.D., and Frank Putnam, M.D. presented their thinking on the issue. Elizabeth Loftus, Ph.D., Paul McHugh, M.D., Richard Ofshe, Ph.D. and Herbert Spiegel, M.D. presented the skeptical arguments. Deborah David explained her experience as a patient and now as a retractor. Several women who were currently being treated for MPD also appeared. The presentation seemed honest. Although some programs have tended to portray MPD in a romantic manner, something only someone especially bright, creative, and with a talent for surviving may have, this program showed the dark side of the diagnosis. The most impressive display was a patient who exhibited her MPD symptoms only when in the presence of Dr. Ross (who is no longer treating her).



## Case Study A Verified Case of Recovered Memories of Sexual Abuse

Dennis L. Bull Ph.D.

*American Journal of Psychotherapy* Vol  
53, No 2, Spring 1999

The abstract claims this case study "shows verifiable evidence of repression at work." (p. 221) Is that claim warranted?

A forty-year-old woman with no history of mental illness and ten years of exemplary professional work received a phone call from her youth minister who was writing a book about abuse. The youth pastor asked permission to use a story the woman, Rachel, had told him when she was an adolescent. She had "told him that she was fearful because her father had been in prison for several years and was due to be released soon." (p. 222) He claimed Rachel told him that her father had sexually abused her. The minister did nothing.

Rachel said she had no recollection of the adolescent conversation or of any abuse. Within days of the phone call, however, she said she began a decline, was suicidal, could not function and started remembering abuse and the conversation. Rachel was placed in a psychiatric unit.

Later, as an outpatient in therapy with the author, she worked on recovering memories. She reported that her sister, who remembered her own abuse in therapy, had told her she witnessed some of Rachel's abuse by her father. The author confirmed the sister's report. Rachel remembered that another relative had also abused her.

*Comments:* Dr. Bull asserts that: "No apparent causes of false memories are present, so a different mechanism than forgetting must have been at work." (p. 221) But is that the case for these two ideas? He tells us that a church counselor telephoned her and asked permission to write about her abuse. Some might consider that suggestive. An older sister told Rachel that she had witnessed her abuse. That could be considered suggestive. Although we are told that Rachel was not in therapy at the time, we are not

told anything else that may have been going on in her life. Garven et al<sup>[1]</sup> have demonstrated that social influence and reinforcement are powerful determinants in the development of false beliefs. This article gives no information about other social influences (or medical problems) in Rachel's life. Were there any other external or medical events that could have contributed to Rachel's deterioration?

The author states that the abuse was confirmed. The older sister (who remember her own alleged abuse while in therapy) said she witnessed some of Rachel's abuse and is a source of corroboration. That sister also reported that "When Rachel heard the news (of the older sister being abused), she did not believe it, and accused (the older sister) of lying..." If that taints the corroborative statements of the older sister for some, one should not overlook the experience of the former youth minister. Although not a direct witness to the alleged incidents, some would view him as a conceivable source of corroboration. Yet we are not told what he claims he remembered Rachel told him about abuse. Was his recall from notes or memory? Could his perception of what he thinks was said have been tainted by the fact that he is now writing a book about abuse? If he truly believed abuse was occurring, why didn't he report it?

Bull's clinical conclusions about the father's anger making him capable of committing sexual abuse and Rachel's "marked defensiveness" to the (older sister's) report of sexual abuse "strongly implies an unconscious mechanism at work to keep a painful memory from intruding into consciousness" are without scientific foundation.

The Foundation position has long been that some memories are true, some a mixture of fact and fantasy, and some false. Rachel's memories may indeed be true. Science, however, requires more than reporting a single case study before a claim that there is "verifiable evidence of repression at work" may be made.

I. Garvin et al. (1998) "More than suggestion: Effect of interviewing techniques from the McMartin Preschool case. *J. App. Psych.* 83(3) 347-359

## Emotions and Memory

"[F]or the existence of repression you would need to know that a certain event happened; you'd need unequivocal demonstration of that; you'd need a demonstration that for some period of time, the information was actively unavailable in the person's mind; and then the third thing you need is that at some later point that information is accurately recalled. You need all of those for what I'd call the strongest evidence for the existence of repression. That doesn't exist in any case I know of. There's maybe one or two kinds of arguable cases out there. But when you think about all the talk about repression, you'd think there'd be hundreds of cases like that where it's "Oh yes, those three elements are all documented, no argument." Well, they're not there. So that's your first problem.

[T]here is strong evidence that in general strong emotions tend to be associated with strong memories, as a general rule...[T]here's really good evidence for some alternative explanations — it has been shown in children and adults that you can create under the right conditions including conditions that often mimic what a lot of therapists do in their office—you can create incredibly clear, vivid memories of things that never happened. That's been shown; that we know happens. There's no argument about that. That happens...

So add that all up in your mind and how much money are you going to put on the validity of any one individual recovering any one 'repressed memory', and I think the answer is not much. 6/1/98

Dr. Larry Cahill, Psychobiology, UC Irvine, Australian Broadcasting Corp, Radio National Health Reort with Norman Swan

**Back Issues of the FMSE Newsletter  
to 1993 are currently available on  
[www.FMSFonline.org](http://www.FMSFonline.org)**

FMSF Staff

# **\$1.17 Million Against Church Overturned**

H.R.B. and B.B. v Archbishop Justin Rigali, No ED 76365,  
Court of Appeals of Missouri, Eastern Dist. Div. 5, 2000 Mo.  
App LEXIS 443

A three-judge panel of the Missouri Appeals Court overturned a \$1.17 verdict against Archbishop Justin Rigali in a case in which Henry Bachmann asserted a priest had sexually abused him in the early 1960s when he was a 13-year-old student. Although the priest settled out of court with Bachmann for \$25,000, Rigali was also sued because he was in charge of the Archdiocese when the lawsuit was filed. In 1999, a jury agreed that Rigali had failed to properly supervise the priest.

The church appealed the verdict on the grounds that Bachmann's claim was barred by a five-year statute of limitations. The appellants said that the testimony indicated that Bachmann had been capable of ascertaining that he had been sexually molested in 1964. Bachmann claimed he was so traumatized by the mistreatment that he wiped it from his mind until 1992, when a reprimand from his boss in Savannah, GA, triggered memories of the long-ago abuse.

In its ruling, the Court of Appeals agreed that the evidence did not support a finding that Bachmann's repression of his memory was enough to overcome the statute of limitations because Bachmann had testified that he went to a park and cried after the attacks. Senior Judge Robert E. Crist wrote that "He stated that while at the park he placed himself in a trance and suppressed his memory of the pain and abuse. However, his testimony showed that at the time the acts were perpetrated, he had full knowledge of the events and knew they were wrongful."

In Missouri, Bachmann had five years after turning 21 to bring a suit. Crist noted "We are mindful that, at times, the application of the statute of limitations may appear to produce a potentially unjust result. Yet, the statutes of limitations set by our legislature serve a legitimate purpose. Allowing a plaintiff unlimited time to bring an action increases the potential for spurious claims and decreases the court's or jury's ability to determine the truth."

B.B. settled his case during the appeal period. Attorneys for the appellants were Gerald T. Noce, Edward M. Goldenhersh, Bernard Huger, Mary McInnis and Mark Swearingen. Attorneys for Bachmann were Rebecca Randles and Stanley Spero.

*Associated Press*, 3/28/00, "\$1.17 million verdict against church in sexual abuse case is overturned" Connie Farrow.

*St. Louis Post-Dispatch*, 3/29/00, "Court overturns jury award to man who claimed a St. Louis priest abused him; Statute of limitations had expired, judges rule," William C. Lhotka.

## **Arizona Supreme Court Allows Claims for "Repressed" Memories**

*Logerquist v Danforth*, CV 98-0587-PR Az Sup. Ct. Apr. 2000

In a 3-2 split-decision that allowed expert testimony on repressed memory, the Arizona Supreme Court on April 19, 2000 took the position that rules regarding scientific evidence simply do not apply to something as unscientific as repressed memory.

The majority quoted with approval: "[R]epressed memory...remains woefully short of being empirically verified and, indeed, heralds from a non-rigorous school of psychology in which empirical validation is not a core tenet" and "Repression, in short, is a testable hypothesis, but it has not yet been appropriately tested. Pending satisfactory studies, therefore, the most reasonable scientific position is to maintain skepticism."

Given this, they concluded, "[W]e believe the jury must decide what to do about the lack of empirical support."

In 1992 a woman brought suit against her former pediatrician John T. Danforth claiming she had been sexually molested on several occasions from 1971 to 73 when she was between eight and ten years old. The woman claimed her memories were restored in 1991 after watching a television commercial with a pediatrician. The woman sought to have experts who would testify how memories can be repressed because of severe childhood trauma and how the memories can be recalled later, with accuracy. The trial judge refused to let her experts testify, ruling that repressed memories "are not generally accepted in the relevant scientific community." The woman appealed.

Justice Stanley Feldman, who wrote the majority ruling said that the minority justices fear that this would open the door to anyone declaring himself or herself an expert in any theory of human behavior, "however far-fetched," was overblown. He wrote "It is apparent we are not dealing with an alchemist attempting to change lead into gold or an astrologer predicting events from the movements of the stars." He also wrote that it is illogical to assume that judges "will be more able than jurors to tell good science from junk, true scientists from charlatans, truthful experts from liars and venal from objective experts."

In a dissent, Justice Frederick J. Martone wrote, "The hearing [by the trial judge] was comprehensive and the majority does not take issue with his conclusion that repressed memory is simply not generally accepted in the scientific community... If, as the majority asserts, repressed memory has no scientific basis, then like astrology, expert testimony should be excluded... There may be no area of contemporary psychiatry and psychology more controversial than the theory of repressed memory... Repressed memory does not lie within the range of common knowledge. Experts in psychology and psychiatry cannot reach agree-

ment about its validity. And, if experts cannot agree about the validity of repressed memory, how do we pass this question to the jury with out first reviewing its reliability under some heightened form of evidentiary scrutiny?"

In a second dissent, Justice Ruth V. McGregor agreed with Justice Martone and added, "I am concerned about the tendency of the decision to isolate Arizona's courts from the mainstream of judicial analysis... Arizona now falls within a tiny minority of jurisdictions that have chosen to adopt a unique interpretation... I see two significant negative results. First, evidentiary rulings that could significantly affect the outcome of litigation will differ depending upon whether an action proceeds in state or in federal court... Second, because our approach diverges from that taken in most jurisdictions, Arizona's courts will lose the advantage of being able to learn from and follow the reasoning of other courts...we lose the flexibility needed to admit evidence based upon reliable, but newly-developed, scientific principles."

See FMSF Newsletter September 1999 Vol 8 No 6, Legal Corner, "Commentary: Revival of Memory: A Fact Question for the Jury (Bertram v. Poole, 1999 Minn. App. LEXIS 851)

See FMSF Newsletter June 1998 Vol 7 No 5 "Arizona Supreme Court Holds That Discovery Rule Applies to Repressed Memory Claim" for comments on the thinking of the court in another repressed memory case.

*Arizona Star*, 4/20/00, "Arizona high court allows for claims of 'repressed' memories of abuse," Howard Fischer.



## UPDATES OF CASES WE HAVE BEEN FOLLOWING:

### Genesis

Patricia Mansmann and Patricia Neuhausel of the controversial Genesis Associates have signed consent agreements to abandon their state licenses and not to pursue licenses in related fields. On April 11, 2000, the Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors signed with Neuhausel, and two weeks earlier, the Pennsylvania State Board of Psychology signed with Mansmann. They are voluntarily giving up their licenses to practice—forever.

Mansmann had been given a five-year license suspen-

sion in February 1996 because state regulators found dozens of violations regarding therapeutic practices, but Mansmann continued to practice while on suspension.

The state alleged that the two women were grossly negligent and unprofessional in their practice. They alleged that they "detached" some clients from their families without the clients' fully informed consent and even asked some clients to help pay the firm's legal expenses. Some former clients have said that Genesis operated as a cult and 15 former clients have sued.

From 1990 to 1996, there were approximately 50 to 80 people in the Genesis Network. By March 1997, there were fewer than 25, according to legal papers.

Some former and current clients have defended the group claiming their lives have been improved and that Genesis has been the victim of a witch hunt. Genesis in-house lawyer, Cornelia Farrell Maggio, stated that "It was perfectly clear to us that it didn't matter what the evidence showed, they were going to do whatever they felt they should do."

The practices of the Genesis group were featured on the 1995 Frontline documentary "Divided Memories," produced by Ofra Bikel.

*The Philadelphia Inquirer*, 3/28/00, "Exton psychologist to give up Pa. license as regulators allege violations," Bill Ordine.

*West Chester Daily Local News*, 4/12/00, "2nd Genesis partner gives up state license," Martin Indars.

*West Chester Daily Local News*, 4/19/00, Letters.

### Amirault

On April 18, 2000, lawyers for Gerald Amirault asked Massachusetts Gov. Paul Cellucci to reduce his 30-40-year sentence to the 14 years he has already served. Previous efforts to undo his conviction in the controversial Fells Acres Day Care case in 1986 have failed. Middlesex District Attorney Martha Coakley has vowed to fight efforts to free him.

His mother Violet Amirault and his sister Cheryl LeFave were convicted in a separate trial. Violet Amirault and LeFave were freed in 1995 on appeal after claiming they were denied the right to confront their accusers. Violet died from stomach cancer in 1997.

Gerald Amirault was convicted of molesting and raping eight children at the family-operated day care center. Children testified about being abused by a bad clown in a "magic room." One child in the case said he had been bitten by a robot, tied naked to a tree in front of teachers and forced to watch LeFave pull the legs off a squirrel. No corroborating physical evidence or testimony from teachers was presented at the trial.

Attorneys for Amirault are James Sultan, Harvey Silverglate and Harvard Law School professor Charles Ogletree. Ogletree commented, "To me, an egregious injus-

### Solving Marriage Problems

A Maine woman has filed a civil-rights lawsuit against a former elementary teacher (70 years old) for touching her inappropriately 19 years ago. The claim is not classified as a repressed memory case or sexual abuse but of indifference about the results of the alleged touching and of the woman's rights. Repressed memory cases are not recognized under Maine law.

The woman had sought therapy for help with her marriage problems. She stated that the therapist "helped her recognize where the problems came from."

Associated Press, April 3, 2000 "Former student accuses Shirley select-man of abuse"



tice has been done to a family, not because of a crime, but because of the system."

Although defendants in day-care abuse cases all around the country have been released from prison, prosecutors and the Massachusetts Supreme Judicial Court seem to be indifferent to the findings on children's suggestibility and the coercive interview techniques involved in the Amirault case. According to the *Wall Street Journal*, however, several months ago Governor Cellucci commented on a talk show that he felt justice had not been done in the Amirault case.

Patti Amirault, Gerald's wife, is asking that anyone who shares the feelings of outrage about this case to write to Governor Paul Cellucci, Room 360, The State House, Boston, MA 02133 and explain why he or she feels the sentence should be commuted.

Additional facts about the Amirault case may be found in FMSF Newsletters at [www.FMSFonline.org](http://www.FMSFonline.org).

*Associated Press Newswires*, 4/19/00, "Gerald Amirault asks Cellucci for commutation", Jay Lindsay.

*Boston Herald*, 4/19/00, "Lawyers move to free 'Tooky' Amirault", Jack Sullivan.

*Wall Street Journal*, 4/20/00, "Governor Cellucci's Chance" Review & Outlook.

*Boston Globe*, 4/21/00, Editorial.

## Wenatchee

The person most recently released from prison is Manuel Hildago. He was one of the 43 people arrested in the now discredited investigations headed by Detective Bob Perez in 1994-95. There are now only five people left in prison and four have appeals pending. The five remaining in prison are: Leo Catchaway, Ralph Gausvik, Sid Holt, Michael Rose, and Meredith Town.

In March, Connie Cunningham became the fifth person whose conviction had been overturned to file a claim against the city of Wenatchee and the state of Washington. Cunningham is asking for more than \$5 million plus punitive damages and attorney fees. She alleges her civil rights were violated when she was arrested and prosecuted in 1994.

Concerned about a flood of lawsuits from people who were accused and convicted during the sex-abuse trials in 1994, Wenatchee's mayor Gary Schoessler stated, "I don't think we could save enough money fast enough to do any good if something went against the city."

The city of Wenatchee will pay \$410,719 in liability insurance premiums this year, compared with \$198,444 in 1994. Officials have said the increase is largely due to the sex cases. Schoessler said, "It's hard to get insurance for something you know is going to happen." He noted that some property owners are fighting annexation into the city because they don't want to help pay for the city's alleged misconduct.

*Wenatchee World*, 3/7/00, "Mayor wants sex-abuse suits settled," Stephen Maher.



## To Repay the Innocent Who Have Languished in Jail Excerpts from *Seattle Intelligencer* Editorial About Wenatchee, March 27, 2000

What is the value of the time innocent people spent being coerced and threatened; the time they languished, without cause, in jail or in prison?

Does all the world's money make whole people who lost their children even though the kids had not been touched inappropriately and were in no danger?

Honor the victims.

Apologize to them for the ignorance and irresponsibility that allowed so many to suffer so much.

Demonstrate the commitment of this state and all its cities to a future where due process is guaranteed.

*Wenatchee World* 3/20/00, "Fifth claim filed over sex cases," Stephen Maher.

"After a violent crime, both the damaged victim and society seek the equilibrium of prosecution as relentlessly as ice will melt and boiled water will cool. To disturb this balance by suggesting the wrong person has been punished borders on heresy. In nearly half the [66] exonerations, local prosecutors refused to release crime evidence for DNA tests until litigation was threatened or filed. These officials argue that as much as a convict might hope to prove his innocence, he has no absolute right to do so after a trial. He is not an innocent person but a convicted criminal, one who has been given his day in court. Society, they say, has a greater interest in the finality of judgment."

Jim Dwyer, Peter Neufeld, and Barry Scheck

Preface to *Actual Innocence: Five Days to Execution and Other dispatches from the Wrongly Convicted*, Doubleday, 2000.

## A Godsend for Filmmakers

"In our research for *Psychiatry and the Cinema*...[we] found that psychiatrists have long been a godsend for filmmakers. If nothing else, they facilitate quick exposition as characters pour out their hearts to mostly silent therapists...A psychiatrist can also serve as a secular *deus ex machina* who dramatically salvages seemingly hopeless situations just before the film hustles its characters off to a happy ending."

Krin Gabbard

*Chronicle of Higher Education* 2/11/00

"Therapy's 'Talking Cure' Still Works -- in Hollywood"

Krin and Glen Gabbard are authors of *Psychiatry and the Cinema*, American Psychiatric Press, 1999.



**Memory and Reality:  
Return to Reason  
Conference Highlights**  
FMSF Staff

The person who taped the sessions for the April 2000 *Memory and Reality* conference made an interesting comment. He noted that it was the most professionally run conference he had ever taped, and, he added, it was also the most emotional.

The atmosphere of the conference was especially warm, and many friendships were renewed. Families who could not be at the conference because of health, or like Ray and Shirley Souza remain under house arrest, were quietly honored.

The presenters elaborated on the theme of the conference: *Return to Reason*. While some felt that we were well on the road to the end of the FMS craze, others felt that such a belief was premature. Opinions seemed to differ depending on what phase of the problem was under examination.

• Paul McHugh, M.D., Chief of Psychiatry at Johns Hopkins Medical Institution, opened the conference by noting that he believed that the effort to educate the public and professionals about the nature of memory has been largely accomplished, but that within the clinical field there is still much to do. He listed the following points as indicative of what we have learned from the FMS problem:

1. Knowledge and long-tested therapy guidelines were ignored.
2. A fire-storm "craze" grew on cultural tinder.
3. Courage was required to confront it.
4. Partial resolution required strong and determined efforts such as the formation of a victim organization, publication of books, use of courts, and exposure in the media.
5. Rehabilitation is a lengthy and difficult process for families and patients.

6. Moral: psychiatric practice must be evidence-based.

Dr. McHugh said that the clinical struggle will end when psychiatry establishes a coherent structure for practice and research. "The clinical war extends beyond the FMS issue. It rests on the concepts of repression and dissociation that are fundamental to thinking and teaching in many schools of psychiatry today. Psychiatrists are wary of entering discussions on the validity of these two concepts even though they are the foundation of the 'spectral evidence' on which the FMS misdirection rested."

Dr. McHugh noted that we are now in the rehabilitative phase of the FMS phenomenon and said that there should be a focus on helping families to reunite. He wondered if we would soon reach a time when people would be embarrassed by having these memories.

• Terence Campbell, Ph.D moderated the retractor panel at which Elizabeth Carlson, Gail McDonald, Laura Pasley and Mary Shanley briefly described their experiences and answered questions. They mentioned some of the factors involved in the process of retracting such as having periods of doubting or confusion, no longer experiencing the effects of medications and hypnosis, coming to terms with reality, accepting the fact that the presenting problem still exists, dealing with family issues, being still "messed up" when leaving treatment, and missing the good memories that had been taken away.

A question was then asked about what professionals could do, and the retractors immediately said: provide good therapy. Good therapy, they explained, was oriented to reality, not imagination or fantasy. They said therapy should be direct, sympathetic, reality-driven and patient-directed. They noted that family therapy was sometimes necessary and that sometimes

real family problems needed to be acknowledged. They felt that a retractor must take responsibility for her actions but at the same time understand the responsibility of professionals.

Someone from the audience asked what triggered their turn-around.

Gail: Friends' comments; reality testing; vacation from therapy.

Laura: Deterioration in therapy, watching deterioration of group members caused me to leave; SRA increased doubts about memories; reading an article.

Mary: Hospital unit closed and I was moved to a regular psychiatric unit where there was no reinforcement; my "bizarre memories" became too unbelievable.

Elizabeth: Changed medications; started new group with Humenansky patients and compared notes finding similarities in stories; one patient admitted to making up alters; finally changed therapists.

The audience could probably have asked questions for a week, but a break needed to be taken for lunch.

• The next speaker, Elizabeth Loftus, Ph.D., a professor of psychology at the University of Washington and a leading expert on memory, expressed concern that we are not as close to a return to reason as we might hope. She noted that every time we seem to have laid to rest one of the myths on which the false memory argument is based, it seems to be resurrected in a new form.

Dr. Loftus went on to describe her current work on dream interpretation and the very powerful effects that she and her colleague Giuliana Mazzoni are finding. This work expands their ongoing research program described in the paper, "Dreaming, Believing, and Remembering" in *Believed- In Imaginings: Narrative Construction of Reality* edited by deRivera and Sarbin. An important feature of their work is the research protocol they developed that provided a clinical-like atmos-

phere for subjects. A well-known Italian radio psychologist spent 30 minutes with each subject during which he interpreted a dream. Regardless of the content of the dreams, a similar interpretation was given of being abandoned. The influence of a single 30-minute meeting with an authority figure was dramatic. In informal conversations, a number of people speculated on what might happen to patients who were given similar erroneous interpretation several times during their therapy.

- **Harold Lief, M.D.** moderated the next session, the professional panel. Dr. Lief indicated that there are "cracks in the monolith" of the psychiatry profession. He said that he felt it was significant that the American Psychiatric Press published a recent paper about the FMS problem that he had written with Janet Fetkewicz.<sup>(1)</sup>

Lief and Fetkewicz have studied accused families in which there had been a retraction and found that the accusation was generally a defining experience and time in the life of the fathers, often followed by serious health consequences such as heart attacks. Lief noted that it is now time to study the dynamics of families in which there are returners or retractors. He raised many issues that need to be studied and asked if returner families would contact him for this purpose.

David Halperin, M.D., Susan Robbins, D.S.W., and Robert Karlin, Ph.D. complemented this introduction with their perspectives on family reunification and mediation.

- The last Saturday session

1. Lief, H and Fetkewicz, J. "Casualties of Recovered Memory Therapy: The Impact of False Allegations of Incest on Accused Fathers" In *Masculinity and Sexuality: Selected Topics in Psychology of Men* (Friedman and Downey, Editors), *Review of Psychiatry* Vol 18 #5, American Psychiatric Press.

involved Roundtables, small discussion groups on a variety of topics. These roundtable groups proved to be a popular component of our past three conferences, and the same seemed true for this conference. Here are the Roundtable topics and leaders, followed by a brief summary of each session:

1. **Moving On: Bob and Janet McKelvey** - Discussion took place about wills and estate planning, consideration of children of the accusers in wills, need for apologies or requests for forgiveness by the accusing offspring as a precondition for reuniting with the family, and need for open discussion of their therapy and the origin of false memories as a requirement for reuniting. There was general concurrence on the need for the accused to move on and make every effort to enjoy life to its fullest.

2. **Family Mediation: Susan Robbins, D.S.W.** - Participants found the hand-out helpful, as well as the leader's definition of mediation and what it might accomplish.

3. **Christian Counseling: Carol P.** - The focus of this roundtable was ways to educate the churches and those involved with religious counseling about the dangers of recovered memory therapy. Plans were made to form a group to work toward this goal.

4. **Using the Internet for Information Eric Krock** - With laptop in hand, the leader described how to use the internet to create, format and register FMS websites or link onto other informative sites. What participants found especially helpful were the e-mail addresses that were given.

5. **When One Parent Has Contact: Dr. Janet Boakes, MRC Psych** - This is the situation in many families as evidenced by the large turnout for this roundtable. Although no information was gained that would improve the situations in these families, the one thing

that the participants came away with was not to burn bridges, to proceed with caution, patience and love.

6. **Siblings in the Middle: Nancy Haggerty and Sue Foard** - There was a mixture of parents and siblings at this roundtable, and what was evident was the different reactions of siblings, ranging from total support for the accused parent to support but wanting to distance themselves from the situation. Some parents refer to their supporting offspring as their lifeline to sanity, and often use them to get information about the accuser.

7. **Retractors Talking Together: Janet Fetkewicz** - Here the retractors were able to talk to each other about their concerns, and as one retractor put it, "To be treated as a part of something rather than be under a microscope and/or be treated like ex-mental patients aids in encouraging adult behavior." She felt that "the topic was great - the mediator was great and the conference was very fulfilling for me."

8. **Sons as Accusers: Irene Miller** - There were more questions than answers at this roundtable, but the participants were grateful for the opportunity to discuss common threads. Most notably, why are there so few accusing sons as compared with daughters, and what makes them particularly vulnerable? These questions plague professionals as well as involved families.

9. **Grandchild Issues: Access/Accusations: Carol Marks, M.S.W.** - There was an interesting exchange among the grandparents attending, but in view of the vast legal restrictions there were not any concrete suggestions as to how to handle specific situations.

10. **Families New to FMS: Carole Koscielny** - New families need to tell the details of their situation, and this roundtable afforded them the opportunity to do so. It is disappointing to hear new families report that *The Courage*

to *Heal* is still being recommended by therapists.

**11. A Returner in Your Midst:** *Carol Netzer* - This was a very large roundtable, and some individuals related their circumstances involving a returner. Since the reasons an offspring returns without retracting and the ways families handle the situations are so varied, this is an area that is ripe for study, as Dr. Lief mentioned in his remarks.

**12. Recourses for Families: Legal, Complaints, Letters:** *Martha Churchill, J.D. and Joann Dayton* - It was felt that there was a lot of good information shared in a short period of time. This included letter writing, putting FMS literature in book stores that have *The Courage to Heal*, getting legislative information using "open records," and the discussion of 3rd party lawsuits.

The interest expressed in each Roundtable may be an indication of where our families are in the course of their involvement with False Memory Syndrome. The Roundtable with the most participants was #11, "A Returner in your Midst." This is consistent with we are hearing in the Foundation office, that many of the offspring who have made accusations have "returned" to the family without retracting their allegations and most often without discussing the issue. As readers of the Newsletter are aware, many families have accepted their accusers back without a retraction, while others say they require a retraction first. Those families in the former group often feel that their daughters/sons no longer believe that they were abused, but are not ready to discuss it, and are hopeful/wishful that a retraction will follow.

The group with the next highest number of participants was "Moving On." Sadly, many of our families believe that their children will not come back, and these people feel that

it's best for them to get on with their lives.

Interestingly, the smallest group was #10, Families new to FMS. Although we still are receiving phone calls from families who are recently accused, the number has dwindled. We like to think that is an indication of some of the inroads that the Foundation has made in publicizing False Memory Syndrome and the harmful therapy practices that cause it and in spawning scientific research on memory.

This comment about the Roundtables was typical of many we heard: "They all sound so interesting. I wish I could go to more than one." Perhaps this summary allows that in a small way.

- A Celebration Dinner on Saturday evening was enriched with the display of five pictures drawn by Texas prisoner Bruce Perkins. Bruce's wife Carol brought the pictures and told the audience that Bruce wanted to help the Foundation because of the support he feels he has gotten from other families and professionals who are a part of the Foundation. Well over \$2,000 was raised in a silent auction of the pictures. The announcement that Dr. Braun had been expelled from the American Psychiatric Association was made at the dinner.

- The first session on Sunday morning was the legal panel. Ralph Slovenko, J.D., Ph.D., spoke about the history of expert evidence, Martha Churchill, J.D., spoke about recovered memories in the context of other examples of "junk science," and Christopher Barden, J.D., Ph.D. reminded the audience of predictions he had made at the 1994 *Memory and Reality* conference about the changes in both therapy practice and law that would be influenced by the work of the FMS Foundation. As he said at the meeting in 1997, the FMSF is a model for how a group of citizens can effect needed change.

- Holly Wakefield was the moderator for perhaps the most moving session about family devastation at the meeting: the Sibling panel. Siblings are often in the "middle" of the dispute between parents and the accuser and they frequently have a very difficult time when an accuser returns. "Our family is all back together but several sons are not as forgiving as Mom and Dad." is similar to many comments received by the Foundation.

The stories of Nancy Haggerty, Eric Krock, Martha Churchill and Sue Foard were engrossing and strong evidence to support the talks of both McHugh and Lief of the importance of focusing a research agenda on family dynamics and family reconciliation in the false memory situations. The speakers' descriptions of their struggle to love both their parents and their accusing siblings brought tears to the eyes of many in the audience. One of the speakers noted, apologizing seems to be very difficult for all. Two of the speakers initially believed the accusing person. One of the speakers made the insightful observation that this could have been a reflection of the fact that as a member of the same generation and culture of the accuser, siblings often had a faith in therapy that an older generation does not have. What brought these men and women around to support their parents and the efforts they had made to try to reach their lost sibling made for a dramatic and an emotional presentation.

- The conference concluded with a panel of authors chaired by Eleanor Goldstein whose seminal publication "Confabulations" put the FMS problem out for the world to see. This was followed by books from Mark Pendergrast, Paul Simpson and Reinder VanTil (and many others) who struggled not only to write their important books but also to get them published and distributed. Families give a big "thank you" to the authors.



## The Four Horsemen of the FMS Apocalypse

Spencer Harris Morfit

I have been following and writing about the so-call "false" or "recovered" memory phenomenon for about a decade now. Because I am not a therapist, nor an attorney who has prosecuted or defended these claims, not an accused, nor an accuser, people often ask me why I have an interest in this topic.

My interest is—and always has been—what this phenomenon says about psychodynamic therapy or therapy that develops out of Freudian or analytic roots. These ideas have held enormous sway over our culture for about a century. They play out in our educational system, in our families (including child rearing), in religion, in our justice system, in talk shows. They are, in short, all over. And I think they are wrong. As my good friend and mentor Tom Comella constantly reminds me, "Ideas have consequences, and when ideas have consequences the truth MATTERS."

It is a tool of logic that "If you want to test an idea, take it out to its extremes. If it holds up in its extremes, it probably has some validity. If it doesn't, it probably needs to be re-examined, perhaps even discarded." I see the false memory phenomenon as something that has taken ideas from psychodynamic therapy out to their extremes. For me, it has shown that these psychodynamic ideas need to be discarded. Certainly concepts that allow people to develop convictions that they have been abused in Satanic cults, in past lives, or by aliens from outer space merit skepticism.

At this point, I don't have much new to say. I can only re-organize or express the same ideas in different ways in the hopes that each attempt may reach a few more people or enable a few others to talk about the issue comfortably.

There are four bedrock concepts of

psychodynamic therapy I think are seriously questionable (at the very least). Here I call them "the four horsemen of the FMS apocalypse." These ideas are: repression and (related) the unconscious, the supremacy of early childhood experience, regression, and empathy (though this last concept is not exclusive to psychodynamic therapy). Let me take these ideas one by one and discuss what recent events and research have demonstrated about them.

### Repression and the Unconscious

In the first place, professionals don't agree on the concept of "repression." There seems to be growing consensus on the definition of "repression" as "motivated forgetting." But the shallowest scratch below the surface of this verbiage reveals there is a great deal of controversy about whether such a thing as "repression" exists, whether it plays a role in the causation of mental illness, and what the implications for therapy are. Years of research have failed to prove there is any empirical foundation for "repression." Behavioral therapists who do not believe in repression are treating patients with results that are as good if not better than those of psychodynamic therapists.

Another principle of logic—and science—is that if you cannot prove something exists or happened, formulate an alternative hypothesis and see if you can validate that, or at least if it is more plausible. What research and lawsuits HAVE demonstrated over and over again in the past decade is that where therapists see "repression," a good case can be made that suggestion—consistently reinforced by the therapist—is often a more plausible explanation. It has long been a professional joke that "Freudian patients have Freudian dreams and Jungian patients have Jungian dreams." Well, that joke has lost a lot of its humor lately.

Psychodynamic theory talks about "repressed" ideas as "unconscious." They often talk about "THE unconscious" as though this were located near the pineal gland or something. But there is little evidence that memories about, for instance, abuse are "unconscious." Research shows that memories of abuse are rarely "repressed" and "unconscious," that repeated abuse brings about more severe "symptoms" and that a client may forget one particular incident but rarely forgets that he or she was abused.

What is more likely can be explained by a concept like "selective attention." For instance, a client who grew up in an abusive home has little choice, as a child, but to develop coping strategies for the abuse. If the abuse goes on over time, these strategies become habituated and automatic. The client may forget that behaviors he or she exhibits now had their origins in this past experience. That is to say that the client may not have made, or may have lost, the connection between present behaviors and past experience. But that is different from being "unconscious." The human brain, marvelous as it is, can only hold and process so many ideas at a time, and one can be very conscious of the thing that is one's focus without being in a coma about everything else.

In the name of "repression" and "the unconscious," therapists have applied techniques that would be recognized as brainwashing in any other venue. What's more, the belief that what is "unconscious" and "repressed" produces symptoms can (and often does) lead to the absurd assumption that nothing that is obvious, stated or on the surface could possibly be important. This can—and has—created enormous pressure on patients to retrieve—or create—material that would explain the symptoms. The emphasis, in other words, is not on truth, but on finding a narrative that

accounts for the symptoms. Talk about a confirmatory bias!!!

### The Supremacy of Childhood Experience

Psychodynamic therapy operates from the assumption that most "pathologies" develop in childhood, usually as a response to faulty parenting. Many believe these "pathologies" develop from traumatic experiences. You will get no argument from that me childhood experiences are influential, even formative. But they are NOT the only influences. And single events are less likely to have lasting influence than characteristic patterns of interaction that occur over and over again (another fact that points to conditioning—rather than psychodynamic—theory.)

Another gutsy laywoman named "Harris" (no relation, I regret to say) has received recognition from the American Psychiatric Association for her groundbreaking review of twin studies. She has made a very good case that those character traits attributable to genetic inheritance come, not surprisingly, from biological parents. But those traits that seem to develop from social learning are more influenced by peers. If this is true, it strongly suggests that our attentions are best focused on genetic influences and social issues, not subjective navel-gazing. Another authoritative longitudinal study done jointly by Harvard and Case-Western shows that children from dysfunctional families are more likely to thrive and prosper in adult life regardless of their home environments if they somehow learn "mature coping strategies." This suggests that more attention should be paid to this kind of instruction rather than to avoiding the development of pathologies (except of course, in the case of obvious abuse or neglect)—a focus that has a lot of parents walking on eggshells.

### Regression

Psychodynamic therapists general-

ly believe that in order for the therapy to succeed the client must "regress" to a point where he or she can "re-experience" the allegedly traumatic and causative event or events in a new way. This means the client has to "regress" to a point of maximum vulnerability (usually thought to be childhood) to "re-experience" the events. Using this argument, therapists have ignored and justified serious deterioration in their clients. Worse yet, they may take such deterioration as "evidence" that the therapy is effective. Oh Toto, I don't think we are in Kansas, anymore.

### Empathy

To facilitate the "regression" to a point of maximum vulnerability, therapists believe they have to create a therapeutic environment of exquisite safety for the client. They may also persuade significant others to behave in such a way as to provide such a safe environment.

As I have discussed elsewhere, there are some consequences to this. First, in the interest of creating such a "safe" environment for EMOTIONAL "breakthroughs," therapists often shove aside anything remotely intellectual or moral in the therapeutic discourse. That is to say they may systematically disable the client's most mature defenses. Second, the client may think the therapist's behavior is "normative." In any case, it is likely to be reinforcing. I've heard of marriages that broke up because a more productive spouse could not function with the demands to accommodate his or her partner's need for such safety. Even therapists have told me that it is common for one spouse to "wear out" before the therapeutic work for the other is accomplished.

Related to this, I often hear that the best predictor of therapeutic success is the quality of the relationship between the client and the therapist. This argument usually totally ignores the possibility that the degree to which the ther-

apist may be experienced as "in sync" with the patient MAY rely upon the degree to which the therapist's orientation addresses the client's presenting problems.

I have been accused of hating therapy and therapists—usually by people who don't even know me. This is absurd. I have repeatedly and consistently said that I think concepts from therapy—concepts I think are mistaken—have had enormous influence over our common life in the last century. Not always to the good. Other therapists have promoted the publication of my work through presentations in medical schools and professional conferences.

I think it's more likely that some therapists despise me—or at least the ideas I promote. Anyone who understands what I am saying will understand this thinking poses a real threat to psychodynamic therapy. It is not enough to bracket off accusations of satanic ritual abuse or alien abductions. We must understand how these accusations arise out of the therapeutic milieu, what that says about therapeutic ideas, and how therapy should emerge from this only after radical revisions in thinking. I DO admit to despising the resistance to re-examination of psychodynamic ideas. Though well-intentioned and caring therapists may hold them, these are not neutral ideas. Sometimes they are NOT benign. A therapist who will not seriously entertain the questions raised by the false memory phenomenon loses, in my mind, all right to claim he or she is working in the best interests of the clients, bases his or her practice on anything empirical, or is deserving of the respect or trust of the public.

*Spencer Harris Morfit is an author and business woman. She is a member of the FMSF Scientific Advisory Board.*

Never doubt that a small group of thoughtful citizens can change the world. Indeed it is the only thing that ever has. Margaret Mead

## Dream Interpretation

### Junk Science

By Kathy Begert

This article from the *Wooster Daily Record* is reprinted with permission of the author.

The scientific approach to understanding, according to *Taber's Medical Dictionary* involves observation, measurement of entities that can be quantified, the accumulation of data and analysis of the findings.

The science of psychology, painstakingly built up over many years by literally thousands of studies, has contributed greatly to our knowledge of human behavior. Advances have been made, especially, in the study of perception, thinking, judgment, behavioral control and social beliefs, attitudes, and interactions. (See *Behavioral and Social Sciences: Fifty Years of Discovery*, Smelser and Gerstein.)

Purveyors of pseudoscience, on the other hand, like snake oil salesmen of years gone by, attempt to cloak unproved theories and conjecture, untested products and procedures, in a veil of scientific jargon.

As Wendy Kaminer delineates in her book, *Sleeping with ExtraTerrestrials, The Rise of Irrationalism and Perils of Piety*, the use of pseudoscientific concepts to validate unscientific claims dates back to 18th-century Europe, when science

was beginning to emerge as a source of authority and respect for scientific expertise was growing.

Often appropriating the language of contemporary technologies (e.g. Mesmer's "animal magnetism" and 19th-century faith healers' self-description as "conductors" of God's energy), junk scientists have attempted to benefit from the prestigious appeal of the scientific without undergoing the rigors of the scientific method.

Today, many practice the pseudoscience of dream interpretation, just one lingering aspect of Freudian theory which is completely devoid of empirical evidence. Frederick Crews, in *The Memory Wars, Freud's Legacy in Dispute*, convincingly reveals Freud's interpretations as resting on "nothing more substantial than vulgar thematic affinities (one oral function equals another) residing in Freud's own prurient mind."

Terence Campbell, author of *Beware the Talking Cure*, explains how symbolic interpretations "reflect the personal idiosyncrasies of the therapists who indulge in them."

He reminds us that consensus between some regarding the interpretation of universal symbols (e.g. that dreams of water indicate the desire to return to the womb) "does not confer validity upon those interpretations." The consensus is merely a result of accumulating lore and belief among the interpreters."

When dream interpretation remains an indulgent pastime, perhaps it is harmless. But when labeled as a scientific endeavor and incorporated into psychotherapy as a means of diagnosis and technique of unburying "memories" of childhood trauma, dream interpretation can become a dangerous tool of memory manipulation.

Loftus and Mazzoni ("Consciousness and Cognition") have demonstrated that a trusted authority (therapist) can capitalize on the client's

a priori beliefs in the significance of dreams and use them to alter autobiography.

When this newly developed narrative composed of false beliefs and false memories becomes accusatory, others are harmed. Some are even criminalized.

Dream interpretation, as junk science, has contributed to the child sex abuse hysteria prevalent in our culture. Perhaps we should be mindful of the wisdom of the Old Testament:

*Empty and false are the hopes of the senseless and fools are born aloft by dreams.*

*Like a man who catches at shadows or chases the wind is the one who believes in dreams.*

Kathy Begert is a registered nurse who lives and works in Wooster.



### Recovered Memories of Child Sexual Abuse: Psychological, Social and Legal Perspectives on a Contemporary Mental Health Controversy

Editor: Sheila Taub, J.D.

Publisher: Charles C. Thomas

Hardback \$44.95 Paperback \$31.95

ISBN 0398070059

**What do we know about the families who have contacted the FMS Foundation? What were they accused of and by whom? Who has been sued? And what was the outcome?**

This book contains articles on memory, clinical treatment and social context, based on talks presented at a conference in the fall of 1997. Authors are: Sheila Taub, J.D., Arthur Taub, M.D., Ph.D., Mark Pendergrast, M.L.S., David K. Sakheim, Ph.D., Jerome L. Singer, Ph.D., Jonathan Schooler, Ph.D., D. Stephen Lindsay, Ph.D., Pamela Freyd, Ph.D., Anita Lipton, B.S. Of particular interest to FMSF members may be chapters on the "History of the FMS Foundation" and on the FMS legal history, "Rise and Fall of a Social Problem."

### Special Journal Issue

*Psychology, Public Policy, and Law*  
December 1998, Vol 4 No 4  
American Psychology Association  
Working Group on Investigation of  
Memories of Childhood Abuse.

This journal contains the complete report released in 1994 and nine comments about it. Abstracts of the articles are available on the APA website. It may be purchased for \$20 from APA publications. Although the date on the journal is December 1998, it has only recently appeared.



### Photo That Never Existed

I once woke up from a therapy session with the recovered "memory" that a "breeder alter" had told my therapist that the cult had aborted my six-month-old baby but that I knew the child was still alive because the cult had sent me a photo of her when she was six-years old. Supposedly I had gotten the photo through the mail years before I started therapy and I hadn't known what it meant. Supposedly I just filed it with my extra photos. Supposedly I had a daughter somewhere being raised by this horrible cult and I actually had a shred of proof somewhere.

I learned all this when I woke up from a therapy session and my therapist handed me her notes of the session as she usually did. She told me what "the kids" supposedly wanted me to know. It became urgent that I find that picture. I turned my house upside down looking for that picture. I looked through every photo, every album, every place I could possibly think to look. No photo. No memory of throwing it away.

I knew the picture had to be in the house somewhere. I thought I had remembered the picture so well and knew exactly where it was, but it wasn't there. It wasn't anywhere. But still I searched for it, for days, for weeks, for months, for years. I never found the photo. I know now there is no photo. There was no photo.

Now that I have come out of that awful therapy, I realize it was all part of the therapy hoax. I get angry when I think that it probably seemed funny to my therapist that I was such a good patient-robot that I kept searching for the photo. I even imagine that she went home and laughed when I told her about looking for that photo.

I wonder if she got a thrill or a

feeling of power from implanting that memory and then sitting back and watching me work. When the picture could not be found, the explanation was that another alter was hiding it. This could go on and on and on.

Now I know the memory was never real. Now I know there was no photo. But I still have days when I see something that brings up the panic — the urgency — to search for that photo that never existed. That part, the panic, was real. And sometimes I just don't know what to do about it and I cry. Pretty stupid!

And all I can do is sit here and cry about it. At least that's all I know to do it about it right now. Pretty stupid, huh?

But now at least I won't be wasting any more of my time looking for that stupid photo. If ever there is a time for repression to be real, I'd wish for it now, to repress the memory of my therapist and all her garbage therapy forever.

The most awful joke ever played on me was getting me to search for a picture that never existed. That is not therapy. That is cruelty.



### No Apology

We've reconciled but she's offered no apology or anything else about her therapy induced repressed memories and the accusing letters in 1992.

We continue to send gifts and have received some from her. She acts as if nothing had happened and is as loving as she was before her withdrawal.

Perhaps we'll initiate a discussion, but the 1800 miles between us and the short visits make it hard. We continue to leave it in the hands of the Lord.

A Mom



### Trying to be the Perfect Mom

Many years ago, I set out with the hopes and dreams of being the perfect parent. During my first pregnancy, I

read all the right books, took the natural child-birth course and thought I was certainly on the right path. I chose to breast feed my children, use cloth diapers, make my own baby-food, read to my infants and play with my toddlers. During the next ten years, my family grew rapidly to include three wonderful children. I was nothing short of an overzealous mother, making sure that my children experienced life fully in order that their little lives would be full of wonderful, rich memories. They had spectacular birthday parties with magicians, sleepovers and pizza. Our family vacations were spent around the campfires, sleeping in tents, hiking up mountains and swimming in lakes. In addition, I began a local PTA and even was overwhelmingly elected to our local school board. I was committed to having my children's education be the best that it could.

My childhood had many unhappy memories, those of an alcoholic father with not much money to go around. I worried constantly about making my family the perfect family to make up for the family that I didn't have as a child. Things began to unravel when my oldest son began to have temper tantrums. He couldn't quite keep up the image of the perfectly kept house and I couldn't tolerate anything less than perfection. It reminded me too much of my own less than perfect childhood. At the same time, I was becoming aware of the importance of discussing the issues of my childhood of being an "Adult Child" and for those two reasons I was encouraged to seek therapy. I was referred to someone who specialized in "Adult Child"

### FREE

**"Recovered Memories:  
Are They Reliable?"**

**Call or write the FMS Foundation  
for pamphlets.**

**Be sure to include your address and  
the number of pamphlets you need.**



issues and who could help me with my parenting issues. What happened to me is history and defines me as a "Retractor." I've shared my details in this newsletter before. (See November, 1993) I'll just review for you the highlights. I ended up in the nightmare of my life. I went into therapy for help in learning to be a better parent and I ended up being hospitalized so often that I missed my children's birthdays and major holidays. I went from being the "perfect mother" to having my therapist tell me that my only responsibility toward my children at that time was to keep them safe. I hired endless baby-sitters who watched my children while I tried to "find" my memories. I ended up accusing my mother and not speaking to her for the last few years of her life and still feel responsible for her death which happened before I realized that all of this therapy was a lie. I miss my mother terribly and can never get back any of those years.

As for my children, gone are the wonderful memories of many years past. Present for them are the memories of the hospitals where they visited their mom, the many years of depression and the endless hours of mother sleeping and not being able to cook or care for them any longer.

Perhaps some of the readers wonder what happens to the retractors after the lawsuits. I for one continue in therapy and have since been hospitalized many times. Before therapy with the "bad therapist," I had never seen the inside walls of a psychiatric unit. Since then, I have seen months, perhaps a year or more. The memories of what I did to my mother never cease. Yes, FMSF, the literature, the meetings and therapy have told me it was not my fault, but it is still so hard for me to believe that I could not have resisted this cunning, seductive type of interaction. I thought I was much too bright for this. After all, I was a high-achiever, a member of a school board, the president of the PTA. I ask over and

over again, how, how did this happen to me? I am told that my marriage was not healthy and that I was in a vulnerable position and ripe for this kind of abuse, but still I blame myself.

It is the most difficult of things to live with, knowing that I have hurt so many others by my actions. I loved my mom, used to write her poetry when I was young. I loved my children, wanted their lives to be so full and spectacular and above all happy. I am grateful for the chance to help build new memories with my children but it is a very difficult process. The depression and the pain lingers.

These lawsuits are not frivolous by any means. Anyone who has undergone this type of therapy has had her whole mind twisted and played with. We will never be the same. Once having crossed that line into insanity, there is always the fear that it can be crossed once more. I live in fear of slipping into a regression again at any time. I do not trust my instincts. I trusted once. I was betrayed.

I will be forever grateful to my dad and to my brothers for their warmth and total forgiveness upon my retraction. Without them and their total support, I know I could not go on. My dad passed away last year, but my brothers' only sadness is that I continue to berate myself. They do not understand the self-hatred and torment I feel.

If there is a retractor in your life, please try to understand that doing what they did was probably the last thing in the world they wanted to do. They did not set out to do you or anyone any harm. At this point in time, you may have forgiven them, but there is probably a very good chance that they have not forgiven themselves. This is a very hard job indeed. If you can look beyond your own hardened heart, please try to offer them some support. They did not mean to hurt you and they are probably hurting right now. I know I am.

A Retractor

## We Need the FMS Foundation

Many changes have occurred since we first heard about the False Memory Syndrome Foundation in May 1993. Our daughter accused her father in February 1993 of childhood sexual abuse, based on two-decade-old recovered "memories." We were very lucky to hear about the organization so soon after her accusations were made.

Seven long years later, our daughter has returned—not retracted, not apologized, not even acknowledged that there was ever a problem. We are happy to have her and our grandchildren back under any circumstances, but we continue to look to the Foundation for help and hope.

It has been said that the problems caused by recovered memory therapy and similar practices are being exposed, that the public is more aware, that professionals in the psychology field no longer use the techniques which have been largely discredited. However, we will continue to support the Foundation because new cases are still being reported, because reunification of families is difficult and requires informed support, and because research and education are crucial to understanding how memory works.

Probably never in the history of mankind has such a destructive social movement developed so quickly, spread so far and wide, shaken so fundamentally our knowledge about thought processes, and provided so many excuses for the accuser's failures in life. Yes, we may need the False Memory Syndrome Foundation to help us "Return to Reason" for some time to come.

A Mom



It is a virtue to keep an open mind when evaluating new ideas, "just not so open that your brains fall out."

James Obert

Repeated by Carl Sagan 1995  
*Demon Haunted World*

## The End of an Era

We may never know how many psychotherapists drove their clients to suicide with their diagnosis of multiple personality disorder, or satanic ritual abuse. Clients came to therapy with problems in living and then were overwhelmed and burdened with additional problems they did not know they had until informed by their "intuitive" therapists. These problems could be having dozens of personalities or coming to believe that fathers they thought loved them, had instead raped them when they were infants.

Can you imagine what it would feel like to have your present problems ignored and instead focus on the pathogenic "insights" of your therapist "hunting" for personalities or evidence that your parents were part of a satanic group who roasted infants on a barbecue fire.

Where was the ombudsman for these clients? Where were the licensing boards hiding? The infamy of the licensing boards is that they were protecting their union members.

Newton Joseph, Ph.D.



### BEFORE

Mom

I am so thrilled with how our relationship has turned out. It took me a while to realize that you truly are the very best friend I'll ever have, but I sure am glad I found this out! I love my life at home (after I adjust to it when I've been away), and I know I can always come back, and I will always come back - that's a promise.

I admire you so much, mom. I've had the best role model in the world in how to be a good person. You've made me so happy, mom. I feel like the most loved child who ever lived. I only hope I can do as well with my kids.

### AFTER

There are no "after" letters because my daughter moved and gave no forwarding address, provided no listed phone number and discontinued all communication.

### EDITOR'S POSTSCRIPT

After many years, contact was resumed. The daughter was extremely ill and without funds. Her family has now spent several years nursing her back to health.



### Article in Demand Added to FMSF Bibliography

"More Than Suggestion: The Effect of Interviewing Techniques From the McMartin Preschool Case" by Garven, Sena et al. *Journal of Applied Psychology*, 1998

(Explains how social influence and reinforcement appear to be more powerful determinants than simple suggestive questions in eliciting false statements from children or adults.)

To order: #208 \$4.00 by check.  
(No credit card orders accepted for less than \$25.)

**On *Wired Magazine's* list of  
100 things that should be put in the dump file before the millennium:  
"recovered memory syndrome"**

[www.MEMORY AND REALITY.org](http://www.MEMORY AND REALITY.org)

or

<http://www.FMSFonline.org>  
Have you seen the new look of our  
webpages and checked out the new  
unit on hypnosis?

### Web Sites of Interest

[www.StopBadTherapy.com](http://www.StopBadTherapy.com)

Contains phone numbers of professional regulatory boards in all 50 states

[www.IllinoisFMS.org](http://www.IllinoisFMS.org)  
Illinois-Wisconsin FMS Society

[www.afma.asn.au](http://www.afma.asn.au)  
Australian False Memory Association.

[www.bfms.org.uk](http://www.bfms.org.uk)  
British False Memory Society

[www.geocities.com/retractor](http://www.geocities.com/retractor)  
This site is run by Laura Pasley (retractor)  
[www.geocities.com/~therapyletters/index.htm](http://www.geocities.com/~therapyletters/index.htm)

This site is run by Deb David (retractor)  
[www.sirs.com/uptonbooks/index.htm](http://www.sirs.com/uptonbooks/index.htm)  
Upton Books

[www.chordate.com/therapys\\_delusions/index.html](http://www.chordate.com/therapys_delusions/index.html)  
Website about book *Therapy's Delusions*.

### Did you move?

**Do you have a new area code?**

Remember to inform the  
FMSF Business Office

If you are having trouble locating books about the recovered memory phenomenon because bookstores tell you they are out of print, try the

**Recovered Memory Bookstore**  
[www.angelfire.com/tx/recovered-memories/](http://www.angelfire.com/tx/recovered-memories/)

### ESTATE PLANNING

If you have questions about how to include the FMSF in your estate planning, contact Charles Caviness 800-289-9060. (Available 9:00 AM to 5:00 PM Pacific time.)

## CONTACTS &amp; MEETINGS - UNITED STATES

## ALASKA

Kathleen (907) 337-7821

## ARIZONA

Barbara (602) 924-0975;  
(602) 854-0404 (fax)

## ARKANSAS

## Little Rock

Al & Lela (870) 363-4368

## CALIFORNIA

## Sacramento

Joanne & Gerald (916) 933-3655  
Eric (408) 245-4493

## San Francisco &amp; North Bay - (bi-MO)

Gideon (415) 389-0254 or  
Charles (415) 984-6626(am);  
(415) 435-9618(pm)

## East Bay Area

Judy (925) 376-8221

## Central Coast

Carole (805) 967-8058

## Central Orange County

Chris & Alan (949) 733-2925

## Orange County

Jerry and Eileen (909) 659-9636

## Covina Area - 1st Mon. (quarterly) @7:30pm

Floyd & Libby (626) 330-2321

## San Diego Area

Dee (760) 941-4816

## COLORADO

## Colorado Springs

Doris (719) 488-9738

## CONNECTICUT

## S. New England -

Earl (203) 329-8365 or  
Paul (203) 458-9173

## FLORIDA

## Dade/Broward

Madeline (954) 966-4FMS

## Boca/Delray - 2nd &amp; 4th Thurs (MO) @1pm

Helen (561) 498-8684

## Central Florida - Please call for mtg. time

John & Nancy (352) 750-5446

## Tampa Bay Area

Bob & Janet (727) 856-7091

## GEORGIA

## Atlanta

Wallie & Jill (770) 971-8917

## HAWAII

Carolyn (808) 261-5716

## ILLINOIS

## Chicago &amp; Suburbs - 1st Sun. (MO)

Eileen (847) 985-7693 or  
Liz & Roger (847) 827-1056

## Peoria

Bryant & Lynn (309) 674-2767

## INDIANA

## Indiana Assn. for Responsible Mental Health Practices

Nickie (317) 471-0922; fax (317) 334-9839  
Pat (219) 489-9987

## IOWA

## Des Moines - 2nd Sat. (MO) @11:30am Lunch

Betty & Gayle (515) 270-6976

## KANSAS

## Wichita - Meeting as called

Pat (785) 738-4840

## KENTUCKY

## Louisville - Last Sun. (MO) @ 2pm

Bob (502) 367-1838

## MAINE

## Bangor

Irvine & Arlene (207) 942-8473

## Rumbold -

Carolyn (207) 364-8891

## Portland - 4th Sun. (MO)

Wally & Bobby (207) 878-9812

## MASSACHUSETTS/NEW ENGLAND

## Andover - 2nd Sun. (MO) @ 1pm

Frank (978) 263-9795

## MICHIGAN

## Grand Rapids Area-Jenison - 1st Mon. (MO)

Bill & Marge (616) 383-0382

## Greater Detroit Area -

Nancy (248) 642-8077

## Ann Arbor

Martha (734) 439-8119

## MINNESOTA

Terry & Collette (507) 642-3630

Dan & Joan (651) 631-2247

## MISSOURI

## Kansas City - Meeting as called

Pat (785)-738-4840

## St. Louis Area - call for meeting time

Karen (314) 432-8789

## Springfield - 4th Sat. Apr, Jul, Oct @12:30pm

Tom (417) 753-4878

Roxie (417) 781-2058

## MONTANA

Lee & Avone (406) 443-3189

## NEW JERSEY

Sally (609) 927-5343 (Southern)

Nancy (973) 729-1433 (Northern)

## NEW MEXICO

## Albuquerque - 2nd Sat. (BI-MO) @1 pm

## Southwest Room -Presbyterian Hospital

Maggie (505) 662-7521(after 6:30pm) or  
Sy (505) 758-0726

## NEW YORK

## Westchester, Rockland, etc.

Barbara (914) 761-3627

## Upstate/Albany Area

Elaine (518) 399-5749

## NORTH CAROLINA

Susan (704) 538-7202

## OHIO

## Cincinnati

Bob (513) 541-0816 or (513) 541-5272

## Cleveland

Bob & Carole (440) 356-4544

## OKLAHOMA

## Oklahoma City

Dee (405) 942-0531 or  
HJ (405) 755-3816

## Tulsa

Jim (918) 582-7363

## OREGON

## Portland

John (503) 297-7719

## PENNSYLVANIA

## Harrisburg

Paul & Betty (717) 691-7660

## Pittsburgh

Rick & Renee (412) 563-5509

## Montrose

John (570) 278-2040

Wayne (includes S. NJ)

Jim & Jo (610) 783-0396

## TENNESSEE

## Nashville - Wed. (MO) @1pm

Kate (615) 665-1160

## TEXAS

## Houston

Jo or Beverly (713) 464-8970

## El Paso

Mary Lou (915) 591-0271

## UTAH

Keith (801) 467-0669

## VERMONT

Judith (802) 229-5154

## VIRGINIA

Sue (703) 273-2343

## WASHINGTON

See Oregon

## WISCONSIN

Katie & Leo (414) 476-0285 or  
Susanne & John (608) 427-3686

## CONTACTS &amp; MEETINGS - INTERNATIONAL

## BRITISH COLUMBIA, CANADA

## Vancouver &amp; Mainland

Ruth (604) 925-1539

## Victoria &amp; Vancouver Island - 3rd Tues. (MO)

@7:30pm

John (250) 721-3219

## MANITOBA CANADA

Roma (204) 275-5723

## ONTARIO, CANADA

## London - 2nd Sun (bi-MO)

Adriaan (519) 471-6338

## Ottawa

Eileen (613) 836-3294

## Toronto /N. York

Pat (416) 444-9078

## Warkworth

Ethel (705) 924-2546

## Burlington

Ken & Marina (905) 637-6030

## Sudbury

Paula (705) 549-1432

## QUEBEC, CANADA

## Montreal

Alain (514) 335-0863

## St. André Est.

Mois (450) 537-8187

## AUSTRALIA

Mike 0754-841-348; Fax 0754-841-051

## ISRAEL

FMS ASSOCIATION fax-(972) 2-625-9282

## NETHERLANDS

## Task Force FMS of Werkgroep Fictieve

## Herinneringen

Anna (31) 20-693-5692

## NEW ZEALAND

Colleen (09) 416-7443

## SWEDEN

Ake Moller FAX (48) 431-217-90

## UNITED KINGDOM

## The British False Memory Society

Madeline (44) 1225 868-682

Deadline for the JULY/AUGUST Newsletter is JUNE 15. Meeting notices MUST be in writing and sent no later than two months prior to the meeting.

## Copyright © 2000 by the FMS Foundation

3401 Market Street, Suite 130  
Philadelphia, PA 19104-3315  
Phone 215-387-1865  
Fax 215-387-1917  
ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director

### FMSF Scientific and Professional Advisory Board

May 1, 2000

**Aaron T. Beck, M.D., D.M.S.**, University of Pennsylvania, Philadelphia, PA; **Terence W. Campbell, Ph.D.**, Clinical and Forensic Psychology, Sterling Heights, MI; **Rosalind Cartwright, Ph.D.**, Rush Presbyterian St. Lukes Medical Center, Chicago, IL; **Jean Chapman, Ph.D.**, University of Wisconsin, Madison, WI; **Loren Chapman, Ph.D.**, University of Wisconsin, Madison, WI; **Frederick C. Crews, Ph.D.**, University of California, Berkeley, CA; **Robyn M. Dawes, Ph.D.**, Carnegie Mellon University, Pittsburgh, PA; **David F. Dinges, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Henry C. Ellis, Ph.D.**, University of New Mexico, Albuquerque, NM; **Fred H. Frankel, MBChB, DPM**, Harvard University Medical School; **George K. Ganaway, M.D.**, Emory University of Medicine, Atlanta, GA; **Martin Gardner, Author**, Hendersonville, NC; **Rochel Gelman, Ph.D.**, University of California, Los Angeles, CA; **Henry Gleitman, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Lila Gleitman, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Richard Green, M.D., J.D.**, Charing Cross Hospital, London; **David A. Halperin, M.D.**, Mount Sinai School of Medicine, New York, NY; **Ernest Hilgard, Ph.D.**, Stanford University, Palo Alto, CA; **John Hochman, M.D.**, UCLA Medical School, Los Angeles, CA; **David S. Holmes, Ph.D.**, University of Kansas, Lawrence, KS; **Philip S. Holzman, Ph.D.**, Harvard University, Cambridge, MA; **Robert A. Karlin, Ph.D.**, Rutgers University, New Brunswick, NJ; **Harold Lief, M.D.**, University of Pennsylvania, Philadelphia, PA; **Elizabeth Loftus, Ph.D.**, University of Washington, Seattle, WA; **Susan L. McElroy, M.D.**, University of Cincinnati, Cincinnati, OH; **Paul McHugh, M.D.**, Johns Hopkins University, Baltimore, MD; **Harold Merskey, D.M.**, University of Western Ontario, London, Canada; **Spencer Harris Morfit, Author**, Westford, MA; **Ulric Neisser, Ph.D.**, Cornell University, Ithaca, NY; **Richard Ofshe, Ph.D.**, University of California, Berkeley, CA; **Emily Carota Orne, B.A.**, University of Pennsylvania, Philadelphia, PA; **Martin Orne, M.D., Ph.D.**, (deceased) University of Pennsylvania, Philadelphia, PA; **Loren Pankratz, Ph.D.**, Oregon Health Sciences University, Portland, OR; **Campbell Perry, Ph.D.**, Concordia University, Montreal, Canada; **Michael A. Persinger, Ph.D.**, Laurentian University, Ontario, Canada; **August T. Piper, Jr., M.D.**, Seattle, WA; **Harrison Pope, Jr., M.D.**, Harvard Medical School, Boston, MA; **James Randi, Author and Magician**, Plantation, FL; **Henry L. Roediger, III, Ph.D.**, Washington University, St. Louis, MO; **Carolyn Saari, Ph.D.**, Loyola University, Chicago, IL; **Theodore Sarbin, Ph.D.**, University of California, Santa Cruz, CA; **Thomas A. Sebeok, Ph.D.**, Indiana University, Bloomington, IN; **Michael A. Simpson, M.R.C.S., L.R.C.P., M.R.C., D.O.M.**, Center for Psychosocial & Traumatic Stress, Pretoria, South Africa; **Margaret Singer, Ph.D.**, University of California, Berkeley, CA; **Ralph Slovenko, J.D., Ph.D.**, Wayne State University Law School, Detroit, MI; **Donald Spence, Ph.D.**, Robert Wood Johnson Medical Center, Piscataway, NJ; **Jeffrey Victor, Ph.D.**, Jamestown Community College, Jamestown, NY; **Hollida Wakefield, M.A.**, Institute of Psychological Therapies, Northfield, MN; **Charles A. Weaver, III, Ph.D.**, Baylor University, Waco, TX

**Do you have access to e-mail?** Send a message to

pjf@cis.upenn.edu

if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS-News". It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

The FMSF Newsletter is published 6 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 2000 subscription rates: USA: 1 year \$30, Student \$15; Canada: 1 year \$35, Student \$20 (in U.S. dollars); Foreign: 1 year \$40, Student \$20. (Identification required for student rates.)

### Yearly FMSF Membership Information

Professional - Includes Newsletter \$125\_\_\_\_\_  
Family - Includes Newsletter \$100\_\_\_\_\_  
Additional Contribution: \$\_\_\_\_\_

PLEASE FILL OUT ALL INFORMATION—PLEASE PRINT

\_\_\_ Visa: Card # & exp. date: \_\_\_\_\_  
\_\_\_ Discover: Card # & exp. date: \_\_\_\_\_  
\_\_\_ Mastercard: # & exp. date: \_\_\_\_\_  
\_\_\_ Check or Money Order: Payable to FMS Foundation in  
U.S. dollars

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State, ZIP (+4) \_\_\_\_\_

Country: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

**LMS FOUNDATION**  
FALSE MEMORY SYNDROME  
3401 Market Street, Suite 130  
Philadelphia, Pennsylvania 19104 - 3315

FORWARDING SERVICE REQUESTED.